

STATE OF MICHIGAN

REQUEST FOR TIME FROM UAW CENTRAL ANNUAL LEAVE BANK

NOTE: THIS FORM IS FOR USE BY ADMINISTRATIVE SUPPORT AND HUMAN SERVICES BARGAINING UNIT EMPLOYEES ONLY FOR REQUESTING TIME FROM THE UAW CENTRAL ANNUAL LEAVE BANK. (See Instructions On 2nd Page).

A. TO BE COMPLETED BY EMPLOYEE REQUESTING TIME (Please print)

Employee Name _____ Employee I.D.# _____

Department _____ Work Phone _____

Classification/Level _____

I certify that I will have exhausted all available leave credits as of _____ (date) and I hereby request the use of _____ hours (maximum of 240 hours) from the UAW Central Annual Leave Donation Bank from _____ to _____ (date). I certify that I am facing financial hardship due to serious injury or prolonged illness of myself, or my dependent spouse, child or parent.

Signature _____

Date _____

B. TO BE COMPLETED BY APPOINTING AUTHORITY

1. I hereby certify that this employee has satisfactorily completed an initial probationary period, has exhausted all available leave credits, no long-term disability or Workers Compensation will be paid during this time, and the absence would otherwise be approved.

2. I have calculated the total cost of this request as \$ _____ based on:

Requesting employees hourly rate of \$ _____.

Signature _____

Date _____

C. TO BE COMPLETED BY LOCAL 6000

1. I approve the request in Part A. above.

Signature _____

Date _____

D. TO BE COMPLETED BY THE OFFICE OF THE STATE EMPLOYER (IF W-41/W-22 EMPLOYEE)

1. I hereby authorize DMB to deduct \$ _____ from the Central Annual Leave Bank.

Signature _____

Date _____

E. TO BE COMPLETED BY DMB/FISCAL MANAGEMENT DIVISION

DMB/Fiscal Management Division has deducted \$ _____ from the UAW Central Annual Leave Bank. The Department is authorized to add _____ hours to the employee's annual leave counter as requested above.

Signature _____

Date _____

SEE INSTRUCTIONS ON 2nd PAGE

REQUEST FOR TIME FROM UAW CENTRAL ANNUAL LEAVE BANK INSTRUCTIONS

WHO

DOES WHAT

Section A.

Employee

1. Completes Section A.
2. Submits form to Personnel Office.

Section B.

Personnel Office

1. Verifies employee eligibility.
 - a. Completed initial probationary period.
 - b. All leave credits have been exhausted.
 - c. Employee is not receiving LTD or Workers Compensation.
 - d. Employee's absence would otherwise be approved.
2. Computes value of hours requested.
3. Obtains Appointing Authority's signature.
4. Keeps copy and forwards form to Office of State Employer if the employee is in the Administrative Support or Human Services bargaining unit. After DMB/Fiscal Management Division posts deduction from the Central Annual Leave Bank (Section D., below), distribute copy to employee and keep original in Personnel Office.

Section C.

Local 6000

1. Authorized deduction from the UAW Central Annual Leave Bank.

Section D.

OSE

1. Authorized deduction from the UAW Central Annual Leave Bank.
2. Forwards form to Department of Management and Budget/Fiscal Management Division.

Section E.

DMB/Fiscal Management Division

1. Posts deductions to the UAW Central Annual Leave Bank.
2. Keeps copy and forwards form to Personnel Office for distribution of copy to employee.